

MAILING ADDRESS

Department of State Health Services
 Environmental and Sanitation Licensing
 Mail Group 1987-PHS
 P.O. Box 149347
 Austin, Texas 78714-9347

**FOR DSHS USE ONLY:**BUDGET/FUND: ZZ110-112

Remit #: _____

Remit Date: _____

Youth Camp - Sexual Abuse And Child Molestation Awareness Training And Examination Program Application

Please check the appropriate box. ☐ Initial Review ☐ Follow-up Review

For TDSHS Use Only:

Received Date: _____ Init. _____ Amt. Rcvd.: _____

Postmark Date: _____ FY: _____ Pymt. Type: _____

Rvw. Date: _____ Init. _____ Last Doc. Rcvd. Date: _____

Aprv. Date: _____ Init. _____ Print Date: _____ Init. _____

Issue Date: _____ Init. _____ Mail Date: _____ Init. _____

Name & Address Information *(Please provide the following information.)*

Name: _____	Phone #: _____
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Mailing Address: _____

City: _____	State: _____	Zip: _____
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Email Address: _____

Program Information

Training Program Name: _____

 Program Format: ☐ Classroom Training ☐ Videotape ☐ Online ☐ Other (describe)
 (Check all that apply)

Program Length: _____	Number of Examination Questions: _____
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Passing Score: _____	Number of Correct Questions Needed to Pass: _____
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Do you want your training program information listed on the Youth Camp Web Page: ☐ Yes ☐ No

You must attach a copy of your training program, including the examination, with this application. If the training is an online course, you may send the training program access information.

Fees: Initial review \$125 Follow-up review \$125. NOTE: Application fees are non-refundable.**Send application, training program, and fees to the mailing address listed above.**

Signature: _____ Title: _____

Name: _____ Date: _____

(Please print)**Privacy Notification**

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

*****Incomplete Applications and Improper Fees will delay the approval of your training program.*****